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EASTERN POI GROTON, CT ((Depositor's name)			
,						(Signature)	
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APPLICATION NO.	FILING DATE	3	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/698,354	10/698,354 10/30/2003		David James Rawson		PC25373A	1622	
TITLE OF INVENTION	: THERAPEUTIC PRO	LINE DERIVATIVES					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/18/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
ROYDS, LESLIE A		1614	514-423000				
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PLEASE NOTE: Uni	less an assignee is ident	tified below, no assignee	data will appear on the p	atent. If an assigno	ee is identified below, the c	locument has been filed for	
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Pfizer Inc.			New York, NY				
Please check the appropriate assignce category or categories (will not be printed on the patent):							
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Authorized Signature	11/1900			Date Dec	ember 11, 2009		
Typed or printed name	a A. Dean Ols	son	Registration No. 31, 185				
an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 fapplication form to the ons for reducing this builtinginia 22313-1450. DC 13-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR (1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 m idual case. Any con r, U.S. Patent and 7 THIS ADDRESS.	ne public which is to file (anninutes to complete, includir mments on the amount of tif frademark Office, U.S. Dep. SEND TO: Commissioner isplays a valid OMB control	ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

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